

Idaho Public Defense Roster

Attorney's Name: _____ ISB # _____

Are you completing this form for:

☐ Initial inclusion on the Roster or ☐ Change of Information for current Roster member

Firm/Institutional Office: _____

Office Telephone: _____ **Your Work E-Mail:** _____

Are you in good standing with the Idaho State Bar? ☐ Yes ☐ No

Have you been newly admitted to the Idaho State Bar within the last 12 months?

☐ Yes, and my mentor is: _____ (please contact us if you do not have a mentor)

Are you employed by or contracted with a County(ies) to provide indigent defense?

☐ Yes (please answer next question)

☐ No

If you answered yes, are you:

☐ Employed by a firm or office that is under contract with a county

☐ Under Contract with a County

☐ Appointed

List the County(ies) _____

If you are requesting initial inclusion on the Roster, have you completed 7 PDC approved CLE credits within the last 12 months? (preapproved list is on our website)

☐ Yes, please attach a CLE Verification Form (form is on our website)

☐ No, but I will do so within 90 days of being placed on the roster and will submit the CLE Verification Form when completed.

Have you reviewed and are you compliant with all Public Defense Commission Rules?

☐ Yes, and I shall continue to be so

☐ No (if no, please contact us)

Do you want a membership in the National Association of Public Defenders (NAPD) provided by the PDC? (includes access to free CLEs) ☐ Yes ☐ No

*Note: If you already have an NAPD membership and are changing your contact information, do not forget to update your NAPD membership at www.publicdefenders.us.

Please review the foregoing carefully and make sure you attach contracts and/or CLE Verification Form if applicable. By signing and submitting this form, you attest that the foregoing is accurate and true, and authorize the PDC to verify any information contained herein and attached hereto:

Signature: _____ **Date:** _____